

# REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT

|  |  |  |             |                  |                |                  |                         |
|--|--|--|-------------|------------------|----------------|------------------|-------------------------|
| <b>A. Agency code and subelement, and submitting office number (xx-xx-xxx)</b><br><div style="font-size: 2em; font-weight: bold; opacity: 0.5; position: absolute; top: 50px; left: 50px; transform: rotate(-15deg);">SAMPLE</div> | <b>B. Standard document number</b><br>(Org identifier/ FY, Doc./ type code/ Serial number) | <b>C. Request Status or Process Code (X one)</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">(1) Initial</td> <td style="width: 50%; text-align: center;">(2) Resubmission</td> </tr> <tr> <td style="text-align: center;">(3) Correction</td> <td style="text-align: center;">(4) Cancellation</td> </tr> </table> | (1) Initial | (2) Resubmission | (3) Correction | (4) Cancellation | <b>D. Amendment No.</b> |
| (1) Initial  | (2) Resubmission   |  |             |                  |                |                  |                         |
| (3) Correction   | (4) Cancellation   |  |             |                  |                |                  |                         |

## Section A - REGISTRANT/APPLICANT INFORMATION

|  |  |  |   |  |
|--|--|--|---|--|
| 1. Name (Last, First, Initial)<br>MOUSE, MICKY Z   | 2. 1st 5 letters of last name                      | 3. Social Security Number<br>123-45-6789 | 4. Ed. Level  | 5. Continuous Federal Svc<br>a. Years    b. Months |
| 6. Home Address (Street, City, State and ZIP Code)(optional)<br>1234 Mickey Street<br>Mouse, FL 12345  | 7. Phone Numbers (Include area code)               |  | 8. Position Title<br>Resource Advisor   |  |
|  | a. Home (123) 456-7890<br>b. Office (123) 444-5555 |  | 9. Position Level (X one)   |  |
| 11. Organization Name<br>AFPC/DPKD   | (1) Commercial 210                                 |  | a. Executive  |  |
|  | 2) Autovon 665                                     |  | b. Manager  |  |
| 12. Organization Mailing Address (Include ZIP)<br>555 E Street West, Suite 1<br>Randolph AFB, TX 78150 | 13. Organization UIC                               |  | 10. Pay Plan / Series / Grade / Step<br>(Rank / MOS / AFSC / or Navy Designator)<br>GS-0303-07-10 |  |
|  | 16. Are you handicapped or disabled? (X one)<br>No |  | 14. Type of Appointment   |  |
|  |  | c. Supervisory                           |   | 15. No. prior non-government training days         |
|  |  | d. Non-Supervisory                       |   |  |
|  |  | e. Other (Specify)                       |   |  |

## Section B - TRAINING COURSE DATA

|  |                       |   |  |
|--|-----------------------|---|--|
| 17. Course Title<br>Networking and Telecommunications                                    |                       |   |  |
| 18. Training Objectives (Benefits to be derived by the Government)<br>Must be filled out |                       | 19. Recommended Training Source, School or Facility                             |  |
|  |                       | a. Name<br>Webster University   |  |
|  |                       | b. Mailing Address (Include ZIP)<br>470 East Lockwood Ave<br>St Louis, MO 63119 |  |
|  |                       | c. Location of training cite (If other than 19b)<br>Randolph AFB, TX            |  |
| 20. Course Codes   |                       | 21. Course hours (4 digits)   |  |
| a. Purpose   | f. Security Clearance | a. Duty 0   |  |
| b. Type  | g. Allocation Status  | a. SAID   |  |
| c. Source  | h. Priority           | b. Catalog/Course No. COMP 5900   |  |
| d. Special Interest  | i. Training Level     | c. Offering / TLN   |  |
| e. Training Vendor   | j. Method of Training |   |  |
|  |                       | 22. Course Identifiers  |  |
|  |                       | a. SAID   |  |
|  |                       | b. Catalog/Course No. COMP 5900   |  |
|  |                       | c. Offering / TLN   |  |
|  |                       |   |  |

## Section C - COST INFORMATION (Costs incurred and billed are not to exceed amount in item 30.)

|  |          |   |  |
|--|----------|---|--|
| 24. If training does not involve expenditure of funds other than salary, pay or compensation, skip the remainder of questions in Section C and X this box <span style="float: right;">➔</span> |          |   |  |
| 25. Direct Costs   |          | 26. Indirect Costs (For information only)                               |  |
| a. Tuition cost  | \$360.00 | a. Travel cost  |  |
| b. Books, material, other costs  |          | b. Per diem/other costs   |  |
| c. Total Direct costs  | \$360.00 | c. Total indirect costs   |  |
| d. Funding source  |          | 28. Labor Costs   |  |
| 31. Job Order No.  |          | 27. Accounting Classification<br>LEAVE BLANK                            |  |
|  |          | 29. Signature of Fiscal Officer (Follow local procedure)<br>LEAVE BLANK |  |
|  |          | 30. Total of Direct & Indirect costs<br>LEAVE BLANK                     |  |

## Section D - APPROVAL / CONCURRENCE / CERTIFICATION

|   |  |   |  |  |  |  |  |
|---|--|---|--|--|--|--|--|
| 32. Supervisor: I certify training is job related and nominee meets prerequisites.<br>(If not, attach waiver.)  |  |   |  | 33. Training Officer: I certify this training meets regulatory requirements.   |  |  |  |
| a. Typed Name (Last, First, Middle Initial)<br>YOUR SUPERVISOR NAME   |  | b. Phone Number (Include area code)<br>SUPERVISOR PHONE # |  | a. Typed Name (Last, First, Middle Initial)<br>LEAVE BLANK   |  | b. Phone Number (Include area code)<br>LEAVE BLANK |  |
| c. Signature & Title<br>SUPERVISOR SIGNATURE  |  | d. Date   |  | c. Signature & Title<br>LEAVE BLANK FOR DPKD PERSONNELIST  |  | d. Date  |  |
| 34. Authorizing Official  |  |   |  | 35. Course Acceptance (To be completed by school official)   |  |  |  |
| a. Action (X one) <span style="float: right;">➔</span>  |  | (1) Approved    (2) Disapproved                           |  | a. Accepted  |  | c. School Official Signature                       |  |
| b. Typed Name (Last, First, Middle Initial)   |  | c. Phone number (Includes area code)                      |  | b. Not Accepted  |  | d. Date  |  |
| d. Signature & Title<br>YOUR CAREER PRG CHIEF OR DESIGNATED REPRESENTATIVE  |  | e. Date   |  | 36. Course Completion (To be completed by school official)   |  |  |  |
|   |  |   |  | a. If course was not completed, X this box, leave this section blank, and return this form with an explanation memo. |  | b. Actual Completion Date (YYMMDD)                 |  |
|   |  |   |  |  |  | c. Grade   |  |
| 37. Billing Instructions (Identify discount terms<br>Furnish original invoice and 3 copies to:<br><br>Your Career Program Mailing Address:<br>AFPC/DPKC<br><br>555 E Street West, Suite 01<br><br>Randolph AFB, TX 78150-4530 |  |   |  | d. Signature & Title   |  |  |  |
|   |  |   |  | 38. Certifying Government Official   |  |  |  |
|   |  |   |  | a. I certify this account is correct and proper for payment in the amount of: \$                                     |  |  |  |
|   |  |   |  | b. Signature   |  | c. Date Signed                                     |  |
|   |  |   |  | d. DSSN Number   |  | e. Check Number                                    |  |
|   |  |   |  |  |  | f. Voucher Number                                  |  |

TRAINING FACILITY: Invoice should be sent to office indicated in item 37. Please refer to standard document number given in item 8 at top of page to assure prompt payment.

## PRIVACY ACT STATEMENT

- AUTHORITY:** The Government Employees Training Act of 1958 (USC, Title 5, 4101 to 4118), EO 9397, November 1943 (SSN).
- PURPOSE AND USE:** The information on this form is used in the administration of the Federal Training Program. The purpose of this form is to document the nomination of registrants and completion of training; it also serves as the principal repository of personal, fiscal and administrative information about registrants and the programs in which they participate. The form becomes a part of the permanent employment record of participants in training programs and is included in the Government's Central Personnel Data File.
- DISCLOSURE:** Personal information provided on this form is given on a voluntary basis. Failure to provide this information, however, may result in ineligibility for participation in training programs.

### SECTION E - REGISTRANT AGREEMENT / CERTIFICATION

#### **38. AGREEMENT TO CONTINUE IN SERVICE**

*This agreement applies to all non-government training that exceeds 80 hours (or such other designated period, 80 hours or less, as prescribed by the agency) and for which the Government approves payment of training costs prior to the commencement of such training. Nothing contained in this section shall be construed as limiting the authority of an agency to waive, in whole or in part, an obligation of an employee to pay expenses incurred by the Government in connection with the training.*

- a. I AGREE that upon completion of the Government sponsored training described in this request, I will serve in the Department of Defense (DoD) three times the length of the training period; except that if I receive no salary for the time spent in training the period of obligated service will be either one month or a period equal to the amount of time spent in training, whichever is greater. (The length of part-time training is the number of hours spent in class or with the instructor. The length of full-time training is eight hours for each day of training, up to a maximum of 40 hours per week.)
- b. If I voluntarily leave the DoD and Federal service before completing the period of service agreed to in item a above, I AGREE to reimburse the DoD for the tuition and related fees, travel, and other special expenses (EXCLUDING SALARY) paid in connection with my training. However, the amount of the reimbursement will be reduced on a pro rata basis for the percentage of completion of the obligated service. (For example, if the cost of training is \$900 and I complete two-thirds of the obligated service, I will reimburse the DoD \$300 instead of the original \$900.)
- c. If I voluntarily leave the DoD to enter the service of another Federal agency or other organization in any branch of the Government before completing the period of service agreed to in item a above, I will give my servicing Civilian Personnel Office or Training Office advance notice during which time, in accordance with Federal regulations, a determination concerning reimbursement or transfer of the remaining service obligation to the gaining agency will be made.
- d. I understand that any amounts which may be due the employing agency as a result of failure on my part to meet the terms of this agreement may be withheld from any monies owed me by the Government, or may be recovered by such other methods as are approved by law.
- e. I acknowledge that this agreement does not in any way commit the Government to continue my employment.

|                                 |                                 |                               |
|---------------------------------|---------------------------------|-------------------------------|
| f. Period of obligated service: | (1) From: (Enter date (YYMMDD)) | (2) To: (Enter date (YYMMDD)) |
|---------------------------------|---------------------------------|-------------------------------|

39. I am not receiving any contributions, awards, or payments in connection with this training, from any other government agency or non-government organization and shall not accept without first obtaining approval from the authorizing training official. I agree that should I fail to complete the requested training successfully, due to circumstances within my control, I will reimburse the agency for all training costs (excluding salary) associated with my attendance.

a. REGISTRANT SIGNATURE

b. DATE SIGNED

Include exclusive dates and course title  
**MUST BE SIGNED**

**MUST BE DATED**